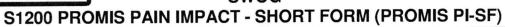
SWOG

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SWOG Patient ID	S\	WOG Study No.	S 1 2 0 0	Regist	ration Step 1
Patient Initials (L, F M) Date of Completion: / / / /					
Planned Assessment: Baseline	6-week	visit 🗌 12-w	eek visit 2	4-week visit	52-week visit
Institution/Affiliate Physician					
Instructions: You will be asked to complete this form at time of registration and at 6 weeks, 12 weeks, 24 weeks, and 52 weeks post-registration. All dates are MONTH, DAY, YEAR. Thank you for your participation on this study.					
By selecting one (1) box per line, please indicate your joint $\underline{\textbf{pain}}$ interference during the $\underline{\textbf{past week}}$. Please select a box by marking an \boxed{X} in it.					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
How much did pain interfere with your enjoyment of life?					
How much did pain interfere with your ability to concentrate?					
How much did pain interfere with your day to day activities?					
How much did pain interfere with your enjoyment of recreational activities?					
5) How much did pain interfere with doing tasks away from home (e.g., getting groceries, running errands)?					
	Never	Rarely	Sometimes	Often	Always
6) How often did pain keep you from socializing with others?					

(Needs a reference)

